

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES**

P.O. Box 419064, Rancho Cordova, CA 95741-9064



February 14, 2002

David B. Judson  
Deputy Director, Chief Counsel  
Office of Administrative Law  
300 Capitol Mall, Suite 1250  
Sacramento, CA 95814

Dear Deputy Director Judson:

Your authorization to readopt the enclosed Case Intake Process regulations on an emergency basis is requested under the provisions of Government Code 11346.1(h) and Family Code Section 17306(e)(2).

The Department of Child Support Services (DCSS) initially filed the Case Intake Process regulations with the Office of Administrative Law on an emergency basis August 31, 2001 (OAL file number 01-0831-01E). DCSS subsequently filed a public notice package for the certificate of compliance rulemaking on October 9, 2001 (OAL file number Z-01-1009-07) for these same regulations. While we have made substantial progress in the certificate of compliance rulemaking process; it will not be completed by March 11, 2002 when our existing emergency regulations are scheduled to expire. For this reason we wish to readopt the emergency regulations.

Our efforts in completing the certificate of compliance rulemaking have been diligent and substantial. We have sought and carefully considered input from a wide array of stakeholders. We have completed the initial 45-day public comment period, developed responses to comments, made substantial text revisions, conducted a 15-day renote period, and are preparing to conduct a second 15-day renote period. We anticipate completion of the certificate of compliance rulemaking process will occur well before the expiration of the readopted emergency regulations without need of any further readoptions.

Sincerely,

CURTIS L. CHILD  
Director

Enclosure

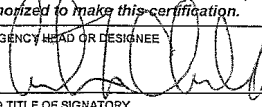


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## NOTICE PUBLICATION/REGULATIONS SUBMISSION (See Instructions on Reverse)

STD 400 (REV.4-99)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER	EMERGENCY NUMBER <b>020214-DIE</b>
For Use by Office of Administrative Law (OAL) Only			
		2002 FEB 14 AM 11:04 OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Dept. of Child Support Services			AGENCY FILE NUMBER (If Any) R-4-01E
<b>A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)</b>			
1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER
OAL USE ONLY ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE
<b>B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)</b>			
1a. SUBJECT OF REGULATION(S) Case Intake Process.		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBERS 01-0831-01E and Z-01-1009-07	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including Title 26, if toxics-related)			
SECTIONS AFFECTED		ADOPT 110041, 110098, 110284, 110299, 110428, 110430, 110473, 110539, 112002, 112015, 112025, 112034, 112035, 112100, 112110, 112130, 112140, 112150, 112152, 112154, 112155, 112200, 112210, 112300, 112301, 112302	
		AMEND 110042, 110431, 110609	
TITLE(S) 22		REPEAL Dept. of Social Services' Manual of Policies & Procedures Sections 12-103.1-24, 12-110 and 12-220	
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code, §11348) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, § 11346.1(b)) <input checked="" type="checkbox"/> Emergency Readopt (Gov. Code, 11346.1(h)) <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)			
<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.			
<input type="checkbox"/> Print Only <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., Title 1 §100) <input type="checkbox"/> Other (specify) _____			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs., Title 1, §§44 and 45) N/A			
5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 1134.4, 11346.1(d)) <input type="checkbox"/> Effective 30th day after filing with Secretary of State <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> Effective Other (specify) March 12, 2002			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____			
7. CONTACT PERSON Lucila Ledesma, Regulations Coordinator		TELEPHONE NUMBER (916) 464-5087	FAX NUMBER (916) 464-5069
		E-MAIL ADDRESS Lucila.Ledesma@dcss.ca.gov	
8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.			
SIGNATURE OF AGENCY HEAD OR DESIGNEE 			DATE 2/8/02
PRINTED NAME AND TITLE OF SIGNATORY CURTIS L. CHILD, DIRECTOR			

## FINDING OF EMERGENCY

The basis for emergency adoption of these regulations is as follows:

Family Code, Section 17306(e), states in relevant part:

"The department may adopt regulations to implement this division in accordance with the Administrative Procedure Act. The adoption of any emergency regulation filed with the Office of Administrative Law on or before January 1, 2003, shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, and safety or general welfare. These emergency regulations shall remain in effect for no more than 180 days."

### INFORMATIVE DIGEST AND POLICY STATEMENT OVERVIEW:

Federal law, 42, U.S.C., Section 654, requires, in part, that a state plan for child and spousal support must provide as follows:

- Paragraph (4) requires the provision of services relating to the establishment of paternity or the establishment, modification, or enforcement of child support obligations for children receiving assistance under Title IV-A, (California Work Opportunity and Responsibility to Kids (CalWORKs) program, Title IV-E, (foster care), and Title XIX, (Medi-Cal), and any other child, if an individual applies for such services for the child. This paragraph also requires cooperation, as specified, unless good cause or other exceptions exist.
- Paragraph (25) requires the continuance of Title IV-D services to a CalWORKs recipient who becomes ineligible for public assistance and prohibits requiring an application for services.
- Paragraph (26) requires safeguards designed to protect the privacy rights of parties including requirements when there is reasonable evidence of domestic violence or child abuse against a party or a child and disclosure of information could be harmful.
- Paragraph (29 ) requires a determination as to whether an individual who has applied for or is receiving assistance under Title IV-A, Title IV-E, or Title XIX, is cooperating to establish paternity, or to establish, modify, or enforce a support order; requires specific actions by an individual that demonstrate his/her cooperation; and requires notification to the appropriate entity if noncooperation is determined.

Federal law, 42, U.S.C., Sections 653 and 663, prohibit the unauthorized disclosure of child support case information by the expanded Federal Parent Locator Service if a state has evidence of domestic violence or child abuse.

Federal regulation, 45, Code of Federal Regulations (CFR), Section 302.33, requires agencies administering Title IV-D of the Social Security Act to make available those services established under the state plan to individuals who file an application for services, and to individuals who are Medically Needy Only (Medi-Cal) recipients, CalWORKs recipients, or foster care recipients. This regulation also prohibits states from requiring an application from recipients of CalWORKs, Medi-Cal, or foster care, and requires notification that Title IV-D services will be continued, if a recipient ceases to be eligible to receive public assistance, unless the recipient notifies the local child support agency to the contrary.

Federal regulation, 45, CFR, Section 303.2, specifies the activities that must be performed by Title IV-D agencies in establishing cases and maintaining case records. These federal regulations (1) require applications for child support services be made readily accessible to the public; (2) specify the time frame within which applications and other information must be provided to those who make written or telephone requests for services, or are referred for services; (3) specify the time frame within which an application is determined to be filed; (4) specify the time frame within which a case must be opened after receipt of a referral, or a signed application for services; (5) require the solicitation of additional information from specified sources; (6) require the initiation of activities to locate absent parents; and (7) specify the information that must be included in the case record.

Federal regulation, 45, CFR, Sections 302.31, 302.80, 303.30 and 303.31, specify various provisions related to securing and enforcing medical support.

State law, Section 17402, Family Code (FC), specifies that a noncustodial parent or parents is/are obligated to the county for an amount of child support as established by the statewide uniform guideline.

State law, Section 17405, FC, requires local child support agencies to interview a custodial parent within 10 business days of opening a child support case, and to reinterview the custodial parent as needed. This statute also specifies the information that must be solicited during the interview and the timeframe within which action must be taken based upon that information.

State law, Section 17406(c), FC, requires the local child support agency or Attorney General to give notice to individuals requesting services or on whose behalf services have been requested, that the local child support agency or Attorney General does not represent the children in the case and that no attorney-client relationship exists or will exist, and specifies the time frames within which the notice must be provided.

State law, Section 17415, FC, requires the county welfare department to refer all cases where a parent is absent from the home, or where the parents are unmarried and paternity has not been established, to a local child support agency at the time the applicant applies for public assistance, and specifies the actions a local child support agency is required to take after such referral is made.

These emergency regulations interpret, make specific, or implement the state and federal laws and regulations cited above and make the following changes to Title 22, California Code of Regulations:

Chapter 1. Program Administration.

- Sections 110041, 110042, 110098, 110284, 110299, 110428, 110430, 110431, 110473, 110539 and 110609 were adopted to define terms of general applicability necessary for the administration of the child support program.
- Sections 110042, 110431, and 110609 have been amended to clarify the meaning of the term or to update the reference citations.

Chapter 2. Case Intake.

Article 1. Definitions.

- Sections 112002, 112015, 112025, 112034 and 112035 were adopted to define terms specific to the case intake process.

Article 2. Application and Referral.

- Section 112100 was adopted to specify the general requirements for the application and referral processes for child support services.
- Section 112110 was adopted to specify the forms that are included in the application package for child support services.

Article 3. Case Opening Requirements.

- Section 112130 was adopted to specify the requirements and timeframe for the establishment of a case record.

Article 4. Case Processing.

- Section 112140 was adopted to specify the requirements and timeframes for conducting interviews with custodial parties or noncustodial parents.
- Section 112150 was adopted to specify the requirements for processing cases involving CalWORKs referrals.
- Section 112152 was adopted to specify the requirements for processing cases involving Medically Needy Only referrals.
- Section 112154 was adopted to specify the requirements for processing cases involving foster care referrals.

Article 5. Cooperation.

- Section 112200 was adopted to require local child support agencies to determine cooperation from CalWORKs and Medically Needy Only recipients and to specify the activities in which those recipients are required to participate.
- Section 112210 was adopted to specify the actions local child support agencies are required to take when good cause has been determined.

Article 6. Family Violence.

- Sections 112300, 112301, and 112302 were adopted to specify the requirements and procedures to screen for family violence and activate a family violence indicator.

Manual of Policies and Procedures (MPP) Sections 12-103.1 through 12-103.24, 12-110 and 12-220 have been repealed because the regulatory provisions previously contained in those sections have been modified and relocated to Articles 2 through 5 of Chapter 4.

These regulations establish requirements for, and incorporate by reference, the following forms:

Chapter 2. Case Intake.

Article 2. Application and Referral.

1. "Application for Support Services," CSS 2101, dated (09/01/01).
2. "Information Regarding the Application for Support Services Package," CSS 2103, dated (09/01/01).
3. "Child Care Verification," CSS 2105, dated (09/01/01).
4. "Visitation Verification," CSS 2107, dated (09/01/01).
5. "Declaration of Support Payment History," CSS 2109, dated (09/01/01).
6. "Health Insurance Information," CSS 2111, dated (09/01/01).
7. "Request for Support Services," CSS 2115, dated (09/01/01).
8. "Child Support Services Program Notice," CS 196, dated (5/01).
9. "Attestation Statement," Form CS 870, dated (01/00).

Article 6. Family Violence.

1. "DVCLR #1" CSS 2140, dated (09/01/01).
2. "DVCLR #2" CSS 2144, dated (09/01/01).

AUTHORITY: Sections 17306, 17310 and 17312, of the Family Code.

REFERENCE: Sections 3750, 3751, 4062, 4063, 4926, 6209, 17000, 17212, 17306, 17310, 17312, 17400, 17402, 17405, 17406, 17415, 17800 and 17801, Family Code; 602, 653, 654, 663 and 666, 42 United States Code; Sections 11477, 11477.02, 11478.1 and 14008.6, Welfare and Institution Code; and 45, Code of Federal Regulations, Sections 301.1, 302.15, 302.31, 302.33, 302.35, 302.80, 303.2, 303.11, 303.15, 303.30, 303.31, 303.69.

FISCAL IMPACT ESTIMATE:

- A. Fiscal Effect on Local Government: None.
- B. Fiscal Effect on State Government: None.
- C. Fiscal Effect on Federal Funding of State Programs: None.
- D. Fiscal Effect on Private Persons or Businesses Directly Affected: None.
- E. Other Nondiscretionary Costs or Savings Imposed on Local Agencies: None.

ALL COST IMPACTS KNOWN TO THE DEPARTMENT AT THE TIME THE EMERGENCY ACTION WAS SUBMITTED TO THE OFFICE OF ADMINISTRATIVE LAW THAT A REPRESENTATIVE PRIVATE PERSON OR BUSINESS WOULD NECESSARILY INCUR IN REASONABLE COMPLIANCE WITH THE PROPOSED ACTION: The Agency is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

DETERMINATIONS: The Department has determined that the regulations would not impose a mandate on local agencies or school districts, nor are there any costs for which reimbursement is required by Part 7 (commencing with Section 17500) of Division 4 of the Government Code because the activities required by the regulations are fully funded through:

- (1) Federal incentives and subventions to local agencies under the provisions of 42, U.S.C., Section 658a and 45, CFR, Section 304.
- (2) State incentives and subventions to local agencies under the provisions of Family Code, Sections 17700(c) and 17704(b)(2)(B)(i).
- (3) Cost savings to local government from increased efficiency in child support services as required by Family Code, Section 17208(a).

The Department has made an initial determination that the regulations would not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states. These regulations implement and interpret existing State and federal law and regulations and require local child support agencies to make applications available to the public and to accept all applications for child support services and referrals of public assistance recipients from the county welfare department. These regulations also specify requirements for establishing a case record, and processing a case. These regulations further specify requirements related to screening custodial parties and noncustodial parents for family violence and activating family violence indicator. The Department has determined that the regulations would not significantly affect the following:

- (1) The creation or elimination of jobs within the State of California.
- (2) The creation of new businesses or the elimination of existing businesses within the State of California.
- (3) The expansion of businesses currently doing business within the State of California.

The Department has determined that the regulations would not affect small businesses.

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( ) The Department has determined that the regulations will have no impact on housing costs.

( )

( )



- (1) Adopt Section 110041 to read as follows:

TITLE 22. SOCIAL SECURITY

DIVISION 13. CHILD SUPPORT SERVICES

Chapter 1. Program Administration.

Subchapter. 1. Operations

Article 1. Definitions.

Section 110041. Applicant.

"Applicant" means an individual who submits an application for Title IV-D services.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: 17306, 17310, and 17312, Family Code.

- (2) Amend Section 110042 to read as follows:

Section 110042. Application.

"Application" means a written or electronic document provided by a local child support agency in which an individual requests support services and which is signed by the individual.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17212, 17406, and 17801, Family Code; Section 11478.1, Welfare and Institutions Code; and 45, Code of Federal Regulations, Sections 302.15, 302.33, and 303.2.

(3) Adopt Section 110098 to read as follows:

Section 110098. CalWORKs Recipient.

"CalWORKs recipient" means an individual who is receiving public assistance benefits under the California Work Opportunity and Responsibility to Kids (CalWORKs) program, including KinGap, established pursuant to Welfare and Institutions Code, Chapter 2, commencing with Section 11200.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17402, Family Code; and 45, Code of Federal Regulations,  
Sections 302.33 and 303.2.

- (4) Adopt Section 110284 to read as follows:

Section 110284. Federal Case Registry.

"Federal Case Registry" means a national database of information on individuals in all Title IV-D cases, and on all non-Title IV-D orders entered or modified on or after October 1, 1998. The Federal Case Registry is part of the expanded Federal Parent Locator Service, which is maintained by the federal Office of Child Support Enforcement.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code. Reference: 42, United States Code, Sections 653, 654, and 666; and 45, Code of Federal Regulations, Sections 302.35, 303.15, and 303.69.

- (5) Adopt Section 110299 to read as follows:

Section 110299. Foster Care.

"Foster care" means the 24-hour out-of-home care provided to children whose own families are unable or unwilling to care for them, and who are in need of temporary or long-term substitute parenting.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: 42, United States Code, Section 654; and 45, Code of Federal Regulations, Section 302.33.

(6) Adopt Section 110428 to read as follows:

Section 110428. Medi-Cal Program.

"Medi-Cal program" means California's medical assistance program provided under the State Plan approved under Title XIX of the Social Security Act.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17400 and 17415, Family Code; and 45, Code of Federal Regulations, Sections 301.1 and 302.33.

- (7) Adopt Section 110430 to read as follows:

Section 110430. Medically Needy Only Recipient.

"Medically needy only recipient" means an individual who is receiving benefits under the Medi-Cal program, but have too much income or property to receive cash assistance, or do not want cash assistance.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17400 and 17415, Family Code; and 45, Code of Federal Regulations, Sections 302.80, 303.30, and 303.31.

- (8) Amend Section 110431 to read as follows:

Section 110431. Medical Support.

"Medical support" means the court-ordered requirement that one or both parents provide health insurance coverage, which can include vision and/or dental care, for a dependent child.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 3750, 3751, 4062, 4063, 17306, 17310, 17312, 17400, and 17415, Family Code; and 45, Code of Federal Regulations, Sections 302.80, 303.30, and 303.31.



- (9) Adopt Section 110473 to read as follows:

Section 110473. Oblige.

"Oblige" means an individual to whom a duty of support is owed.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17306, 17310, and 17312, Family Code.

(10) Adopt Section 110539 to read as follows:

Section 110539. Public Assistance.

"Public assistance" means any amount paid under the CalWORKs program, as specified in Section 110098, or foster care, or any Medi-Cal benefit, for the benefit of any dependent child or the caretaker of a child.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17000, 17400, 17406, and 17415, Family Code.

- (11) Amend Section 110609 to read as follows:

Section 110609. Spousal Support.

"Spousal support" means a legally enforceable obligation assessed against an individual for the support of a spouse or former spouse who is living with a child or children for whom the individual also owes support.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17212, 17415, 17800, and 17801, Family Code; and Section 11478.1, Welfare and Institutions Code.

- (12) Adopt Chapter 2, Article 1, and Section 112002 to read as follows:

Chapter 2. Case Intake.

Article 1. Definitions.

Section 112002. Abuse.

"Abuse" means any of the following:

- (a) Intentionally or recklessly to cause or attempt to cause bodily injury.
- (b) Sexual assault.
- (c) To place a person in reasonable apprehension of imminent serious bodily injury to that person or to another.
- (d) To engage in any behavior that has been or could be enjoined pursuant to

Section 6320. Family Code.

- (e) Battering or subjecting a victim to extreme cruelty, as specified in Section 11498.12, Welfare and Institution Code, by:

- (1) Physical acts that resulted in, or threatened to result in, physical injury.
- (2) Sexual abuse.
- (3) Sexual activity involving a child in the home.
- (4) Being forced to participate in nonconsensual sexual acts or activities.
- (5) Threats of, or attempts at, physical or sexual abuse.

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(6) Mental abuse.

(7) Neglect or deprivation of medical care.

(8) Stalking.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Section 17306, 17310, and 17312, Family Code.

(13) Adopt Section 112015 to read as follows:

Section 112015. Child Abuse.

"Child abuse" means any of the following:

- (a) A physical injury which is inflicted by other than accidental means on a child by another person.
- (b) The sexual abuse of a child or any act or omission proscribed by Penal Code, Sections 273a(a) or 273d(a).
- (c) The neglect of a child or abuse in out-of-home care, as defined in Section 11165.5, Penal Code.
- (d) The willful cruelty or unjustifiable punishment of a child, as defined in Section 11165.3, Penal Code.
- (e) The unlawful corporal punishment or injury of a child, as defined in Section 11165.4, Penal Code.
- (f) The emotional or mental abuse of a child.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17306, 17310, and 17312, Family Code.

(14) Adopt Section 112025 to read as follows:

Section 112025. Domestic Violence.

"Domestic violence" means abuse perpetrated against any of the following persons:

- (a) A spouse or former spouse.
- (b) A cohabitant or former cohabitant, as defined in Section 6209, Family Code.
- (c) A person with whom the individual who perpetrated the act of domestic violence is having or has had a dating or engagement relationship.
- (d) A person with whom the individual who perpetrated the act of domestic violence has had a child, where the presumption applies that the male parent is the father of the child of the female parent under the Uniform Parentage Act (Part 3 of Division 12 commencing with Section 7600) of the Family Code.
- (e) A child of a party or a child who is the subject of an action under the Uniform Parentage Act, where the presumption applies that the male parent is the father of the child to be protected.
- (f) Any other person related by blood or marriage, such as grandparents, parents, aunts, uncles, and children.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17306, 17310, and 17312, Family Code.

(15) Adopt Section 112034 to read as follows:

Section 112034. Family Violence.

"Family violence" means domestic violence as defined in Section 112025, or child abuse as defined in Section 112015.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17306, 17310, and 17312, Family Code.



(16) Adopt Section 112035 to read as follows:

Section 112035. Family Violence Indicator.

"Family violence indicator" means the designation of a party in a case or order by a state that indicates that party is associated with an act of child abuse or domestic violence. This indicator resides in the Federal Case Registry and is used to prevent disclosure of the location of a party and/or a child believed by a state to be at risk of family violence.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: 42, United States Code, Section 663.

(17) Adopt Article 2 and Section 112100 to read as follows:

Article 2. Application and Referral.

Section 112100. General Requirements.

Each local child support agency shall:

(a) Make the application package for child support services, specified in Section 112110, available to the public and provide the application package on the day it is requested in person, or within five business days of a telephone or written request.

(b) Accept all applications for child support services from an applicant who is not currently receiving public assistance including an applicant:

(1) Applying only for the collection of past due child support for an emancipated child(ren).

(2) Reapplying for services after his/her case was closed pursuant to case closure criteria specified in 45, Code of Federal Regulations, Section 303.11.

(3) Applying for services to collect spousal support, if both of the following conditions exist:

(A) The obligee is living with the children for whom the spousal support obligor also owes child support.

(B) The child support order is being enforced under the Title IV-D program.

(c) Not require an application from:

(1) A former public assistance recipient who became ineligible to receive assistance after being referred by the county welfare department, but still wishes to have child support services continue.

(2) When a California local child support agency is the responding state in a interstate case.

(d) Provide written notification to an applicant within five business days from receipt of an application, if the application is deficient in any one of the data elements specified in Section 112130(a)(2), identifying the deficiencies.

(e) Accept all referrals of CalWORKs, Foster Care, and Medically Needy Only recipients from the county welfare department on the day they are received and provide to the recipient the information notice specified in Section 112110(i) within five business days of the referral. The referral process for CalWORKs and Medically Needy Only recipients shall include making local child support agency staff available to interview each recipient, in person or by telephone, at the time of the initial interview in each county welfare department. During the interview with the recipient, the local child support agency shall obtain all information necessary to complete:

(1) The form specified in Section 112110(g).

(2) The most current version of the "Referral to Local Child Support Agency" form CW 371.

(3) The most current version of the "Support Questionnaire" form CA 2.1Q.

(4) The "Attestation Statement," form CS 870, dated (09/01/01), incorporated by reference herein, if applicable.

(f) During the initial interview specified in subsection (e), a local child support agency shall also obtain all information necessary to complete the form specified in Section 112110(h), and offer to the recipient information on the availability of services

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- ) designed to assist individuals to identify, escape, or stop future domestic abuse, as well as to deal with the effects of domestic abuse.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17406 and 17415, Family Code; and 45, Code of Federal Regulations, Sections 302.31, 302.33, and 303.2.

(18) Adopt Section 112110 to read as follows:

Section 112110. Application Package for Child Support Services.

The application package required by Section 112110 shall include each of the following which are incorporated by reference herein:

- (a) "Application for Support Services," CSS 2101, dated (09/01/01).
- (b) "Information Regarding the Application for Support Services Package,"  
CSS 2103, dated (09/01/01).
- (c) "Child Care Verification," CSS 2105, dated (09/01/01).
- (d) "Visitation Verification," CSS 2107, dated (09/01/01).
- (e) "Declaration of Support Payment History," CSS 2109, dated (09/01/01).
- (f) "Health Insurance Information," CSS 2111, dated (09/01/01).
- (g) "Request for Support Services," CSS 2115, dated (09/01/01).
- (h) "Child Support Domestic Violence Questionnaire," CSS 2142, dated  
(09/01/01)).
- (i) "Child Support Services Program Notice," CS 196, dated (5/01).

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Section 17406, Family Code; and 45, Code of Federal Regulations,  
Sections 302.33 and 303.2.

- ) (19) Adopt Article 3 and Section 112130 to read as follows:

Article 3. Case Opening Requirements.

Section 112130. Establishing the Case Record.

Each local child support agency shall:

(a) Open a case by establishing a case record within 20 days of receipt of either:

(1) A referral of a CalWORKs, Foster Care or Medically Needy Only recipient from the county welfare department.

(2) The application for services form, CSS 2101, if the minimum data elements necessary to open a case are provided. The minimum data elements shall include the names of the custodial party, noncustodial parent and child(ren) and the signature of the applicant on the application.

(b) Reopen a closed case upon receipt of an application for services or a referral from the county welfare department within the time frame specified in subsection (a), regardless of previous unsuccessful locate attempts.

(c) Assess the case to determine necessary action(s) by considering:

(1) The case type.

(2) Whether the case already exists.

(3) Whether paternity is at issue.

(4) Whether the custodial or noncustodial parent's physical location is known.

(5) Whether a child, medical or spousal support order already exists for the children or spouse for whom services are being requested.

(d) Ensure the case record established pursuant to subsection (a) contains both of the following:

(1) All information and documents pertaining to the case including the information contained on the forms specified in Section 112110.

(2) All facts and dates relevant to the case, including a record of:

(A) All actions taken, the reason and results of each action, and the name of the person taking the action.

(B) Each contact made, the date(s) of contact, and the names of all persons contacted.

(e) Solicit any additional information and initiate verification of information obtained, as necessary, to provide locate, establishment or enforcement services.

(f) Open one case naming the most likely alleged father when paternity is at issue and if that alleged father is excluded, change the case record to reflect the next most likely alleged father. The local child support agency shall repeat this action for each alleged father until the father has been identified or all alleged fathers have been excluded.

(g) Provide written notification to a CalWORKs and Medically Needy Only recipient of the requirement to cooperate in all required activities necessary to establish paternity and/or establish, modify, or enforce a support order, as specified in Section 112200, as a condition of continued eligibility for CalWORKs or Medi-Cal unless:

(1) Only the children are receiving CalWORKs or Medi-Cal benefits, or

(2) A good cause claim has been approved by the county welfare department, as specified in Sections 14008.6, or 11477.04, Welfare and Institutions Code, as applicable.

(h) Mail written notification to the noncustodial parent, if his/her address is known, informing the noncustodial parent of the case opening. This notification shall include all of the following:

(1) Any available identifying numbers such as, a court case number or a local child support agency case number.

(2) Information regarding child support services including the noncustodial parent's rights and responsibilities.

(3) An income package containing a cover letter requesting financial information and either a "Financial Statement (Simplified)," as required by the Rules of Court 1285.52, or a Income and Expense Declaration, as required by the Rules of Court 1285.50.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: 45, Code of Federal Regulations, Sections 302.33 and 303.2.



(20) Adopt Article 4 and Section 112140 to read as follows:

Article 4. Case Processing.

Section 112140. Interviewing a Custodial Party/Noncustodial Parent.

Each local child support agency shall:

(a) Conduct an initial interview with a custodial party or a noncustodial parent within 10 business days of opening a case, unless an interview was conducted pursuant to Section 112100(e). During the initial interview the local child support agency shall:

(1) Answer questions and provide information to the custodial party or noncustodial parent of his/her rights and responsibilities.

(2) Review the forms specified in Section 112110 completed by the custodial party and/or noncustodial parent and solicit additional information as necessary.

(b) Reinterview the custodial party or noncustodial parent to obtain information, when necessary.

(c) Notwithstanding subsections (a) and (b), interview or reinterview a noncustodial parent only if the noncustodial parent is not represented by an attorney or his/her attorney has given a local child support agency permission to conduct an interview.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17400 and 17405, Family Code; 45, Code of Federal Regulations 303.2.

(21) Adopt Section 112150 to read as follows:

Section 112150. Case Processing--CalWORKs Referrals.

(a) Upon receipt of a CalWORKs referral, each local child support agency shall seek to obtain either or both of the orders specified in (1) and (2), below:

(1) An order for current support which shall comply with the statewide uniform guideline specified in Article 2, of Part 2, of Division 9, of the Family Code, if either of the conditions specified below exist:

(A) An order for support of all the minor child(ren) subject to the CalWORKs grant does not already exist and the family continues to receive CalWORKs.

(B) Following the receipt of a CalWORKs referral a custodial party ceases to receive public assistance under the CalWORKs program, but continues to receive Title IV-D services.

(2) An order for reimbursement of the costs of any public assistance under the CalWORKs program provided during the period of the noncustodial parent's absence, unless an order has already been established. Such order shall cover the entire time period public assistance was paid and all of the child(ren) who received public assistance during that time period. A reimbursement order sought by a local child support agency shall not exceed one year prior to the filing of the petition or complaint for all cases filed on or after January 1, 2000 and shall comply with the statewide uniform guideline specified in Article 2, of Part 2, of Division 9, of the Family Code. A court order for reimbursement shall be reduced by a local child support agency of a county in which a CalWORKs recipient is receiving CalWORKs by any amount

actually paid by a noncustodial parent to a custodial party or to a local child support agency during the period of separation or desertion for the support and maintenance of the family.

(b) Each local child support agency shall enforce any existing valid support order(s) established for the family and/or child(ren) subject to a CalWORKs grant.

(c) When a CalWORKs recipient is no longer eligible for assistance under the CalWORKs program, a local child support agency shall continue to:

(1) Provide Title IV-D services and notify the CalWORKs recipient, in writing, within five business days of receipt of the county welfare department's notification of ineligibility, that Title IV-D services shall be continued unless the local child support agency is notified in writing by the CalWORKs recipient that services should be discontinued. The notice shall inform the CalWORKs recipient of his/her rights and responsibilities of continuing to receive Title IV-D services, including available services.

(2) Collect any assigned arrearages that have accrued.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Section 17402, Family Code; and 45, Code of Federal Regulations, Section 302.33.

(22) Adopt Section 112152 to read as follows:

Section 112152. Case Processing—Medically Needy Only Referrals.

Each local child support agency shall:

- (a) Seek to obtain an order for a noncustodial parent to provide medical support for his/her child(ren) receiving benefits under the Medi-Cal program.
- (b) Enforce any existing medical support order for health insurance established for the child(ren) receiving benefits under the Medi-Cal program.
- (c) Provide all Title IV-D services to a Medically Needy Only recipient unless he/she notifies the local child support agency that only services related to medical support are wanted.
- (d) Forward payments from a noncustodial parent for medical support to the Department of Health Services, if a local child support agency is enforcing a medical support order.
- (e) Provide written notification to the county welfare department and to the Department of Health Services, Third Party Liability Branch, within five days of discovering that a Medically Needy Only recipient received a medical support payment directly from a noncustodial parent, if the local child support agency is enforcing a medical support order specifying a dollar amount for medical purposes.
- (f) When a Medically Needy Only recipient is no longer eligible for assistance under the Medi-Cal program, a local child support agency shall continue to provide Title IV-D services, in writing, and notify the Medically Needy Only recipient within five business days of receipt of the county welfare department's notification of ineligibility, that Title IV-D services shall be continued unless the local child support agency is

notified in writing by the Medically Needy Only recipient that services should be discontinued. The notice shall inform the Medically Needy Only recipient of his/her rights and responsibilities of continuing to receive Title IV-D service, including available services.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Section 17415, Family Code; Section 14008.6, Welfare and Institutions Code; and 45, Code of Federal Regulations, Section 302.33.

(23) Adopt Section 112154 to read as follows:

Section 112154. Case Processing—Foster Care Referrals.

Each local child support agency shall:

- (a) Obtain the orders specified in Section 112150(a), as applicable.
- (b) Enforce any existing support order(s) established for the family and/or child(ren) subject to foster care assistance.
- (c) Continue to provide Title IV-D services as specified in Section 112150(c).
- (d) Petition the Superior Court to issue an order to show cause, as specified in Section 903.4(c)(1), Welfare and Institutions Code, why an order should not be entered for continuing support and reimbursement.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Section 17402, Family Code; Section 11477, Welfare and Institutions Code;  
42, United States Code; Section 654; 45, Code of Federal Regulations, Section 302.33.

(24) Adopt Section 112155 to read as follows:

Section 112155. Case Processing—Non Public Assistance Cases.

(a) A local child support agency shall seek to obtain an order for current support which shall comply with the statewide uniform guideline specified in Article 2, of Chapter 2, of Part 2, of Division 9, of the Family Code (commencing with Section 4050), and an order for medical support, unless such orders for support of all the minor children already exist.

(b) A local child support agency shall enforce any existing valid support order(s) and/or medical support orders established for the family and/or child(ren) as specified in Division 9 of the Family Code (commencing with Section 3500); Division 17 of the Family Code (commencing with Section 17000); and Title 6.5 of Part 2 of the Code of Civil Procedure (commencing with Section 481.010), Title 9 of Part 2 of the Code of Civil Procedure (commencing with Section 680.010); Title 13 of Part 2 of the Code of Civil Procedure (commencing with Section 901); and Title 5 of Part 3 of the Code of Civil Procedure (commencing with Section 1209).

Authority cited, Sections 17306, 17310 and 17312, Family Code.  
Reference: Section 4055, Family Code.

(25) Adopt Article 5 and Section 112200 to read as follows:

Article 5. Cooperation.

Section 112200. Determining Cooperation.

Each local child support agency shall:

(a) Determine cooperation from a custodial party who is a CalWORKs or Medically Needy Only recipient throughout case processing. For the purposes of this Article, "cooperation" means assistance by a CalWORKs or Medically Needy Only recipient in all required activities necessary to establish paternity, or to establish, modify or enforce a medical or child support order, unless a finding of good cause has been made as specified in Section 112210. Such activities shall include all of the following:

(1) Providing the name of the alleged father or noncustodial parent, as well as other information, if known, such as the alleged father's or noncustodial parent's address, Social Security Number, telephone number, place of employment or school, and the names and addresses of relatives.

(2) Completing the most current version of the "Support Questionnaire," form CA 2.1 Q, for each alleged father or noncustodial parent.

(3) Appearing at interviews and legal proceedings.

(4) Submitting to genetic tests if paternity is at issue.

(5) Providing any additional information about the alleged father or noncustodial parent that is obtainable by the custodial party.

(b) Not require the custodial party to sign a voluntary declaration of paternity, as specified in Sections 7570 through 7577, Family Code, as a condition of cooperation.



(c) If the custodial party attests under penalty of perjury that he/she cannot provide the information specified in subsection(a), a local child support agency shall determine if the custodial party could reasonably be expected to provide the information. In making such determination, a local child support agency shall consider all of the following:

- (1) The age of the child for whom support is sought.
- (2) The circumstances surrounding the conception of the child.
- (3) The age or mental capacity of the custodial party.
- (4) The time that has elapsed since the custodial party last had contact with the alleged father or noncustodial parent.

(d) Not make a finding of noncooperation for CalWORKs or Medically Needy Only recipients before they are given the opportunity to attest, under penalty of perjury, that they have no further information about the noncustodial parent and the information already provided is complete and accurate.

(e) Prepare and transmit the most current version of "Referral To Local Child Support Agency," form CW 371, to the county welfare department as notice that the recipient has failed to cooperate. If the recipient subsequently cooperates, the local child support agency shall prepare and transmit the most current version of form CW 371 to notify the county welfare department that eligibility may be restored.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 11477 and 14008, Welfare and Institutions Code; and 45, Code of Federal Regulations, Section 264.30.

(26) Adopt Section 112210 to read as follows:

Section 112210. Good Cause.

(a) The local child support agency shall suspend Title IV-D services if, subsequent to opening a case, the custodial party requests a good cause review by the county welfare department. Services shall remain suspended until the custodial party requests the resumption of services, or the county welfare department declines to find good cause.

(b) A local child support agency shall discontinue Title IV-D services after the agency is notified by the county welfare department via the most current version of the "Child Support—Good Cause For Noncooperation," form CA 51, of a finding of good cause, as specified in, Sections 11477.04 and 14008.6 Welfare and Institutions Code.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 11477.02 and 14008.6, Welfare and Institutions Code; and 45, Code of Federal Regulations, Section 302.31.

(27) Adopt Article 6 and Section 112300 to read as follows:

Article 6. Family Violence.

Section 112300. Screening for Family Violence.

(a) Each local child support agency shall screen all custodial parties and noncustodial parents for family violence, as specified below:

(1) For all new cases, except interstate responding cases, screening shall occur either:

(A) During the initial interview, specified in Sections 112100(e) and 112140; or

(B) If the addresses of either a custodial party or noncustodial parent are unknown, within five business days of receiving locate information about a custodial party or a noncustodial parent.

(2) For all existing cases screening shall occur either:

(A) Within 60 days of transitioning to an interim child support computer system; or

(B) Within five days of first locating a custodial party or a noncustodial parent.

(b) Except as specified in subsection(a)(1)(A), above, screening shall consist of:

(1) Mailing to a custodial party and a noncustodial parent a domestic violence cover letter #1, "DVCLR", CSS 2140, dated (09/01/01), incorporated by reference herein, and a "Child Support Domestic Violence Questionnaire," form CSS 2142. If a child is in foster care, the forms shall be mailed to both noncustodial parents.

(2) Requiring completion and submission of form 2142 to a local child support agency within 30 days of the date the form was mailed, if a custodial party or noncustodial parent believe that the release of identifying information about him/her to the federal government could result in physical or emotional harm to the party/parent(s), or to the children of the party/parent(s).

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17306, 17310, and 17312, Family Code.

(28) Adopt Section 112301 to read as follows:

Section 112301. Determining Family Violence.

(a) Each local child support agency shall determine whether there is, or has been, family violence based upon the information on form 2142 provided by a custodial party or a noncustodial parent. When determining family violence, a local child support agency shall consider the following related to the incident(s) of domestic violence and/or child abuse:

(1) The date(s), time(s) and place(s) of each incident(s).

(2) The names of persons who witnessed the incident(s).

(3) Police, government agency or court records or files.

(4) Documentation from a domestic abuse program.

(5) Documentation from legal, clerical, medical, or other professionals from whom the custodial party or noncustodial parent sought assistance in dealing with domestic abuse or child abuse.

(6) Physical evidence of abuse.

(7) A statement from another individual with knowledge of the circumstances that provide the basis for the claim of abuse.

(8) Protective orders issued.

(9) Any other evidence that supports the incident(s) of domestic violence or child abuse.

(b) If form 2142 is returned with the first box in Section III marked indicating the party is requesting nondisclosure of identifying information, but no detailed family

violence information is provided in Section II of the form, a local child support shall mail both of the following to the party that submitted the incomplete form 2142:

- (1) A new blank form 2142.
- (2) A domestic violence cover letter #2, "DVCLR #2," CSS 2144, dated (09/01/01), incorporated by reference herein. Form 2144 shall notify the party that the form 2142 initially submitted did not contain sufficient detail to stop release of information to the federal government and request completion and submission of a new form 2142 to the local child support agency within 30 days from the date of the letter.

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17306, 17310, and 17312, Family Code.

(29) Adopt Section 112302 to read as follows:

Section 112302. Activating a Family Violence Indicator.

(a) A family violence indicator shall be activated by a local child support agency for a custodial party or noncustodial parent and his/her child(ren) that are part of the same case as the parent against whom the custodial party or noncustodial parent is claiming family violence, if a local child support agency has received a completed form 2142 from either the custodial party or noncustodial parent and one of the following applies:

(1) A request for good cause has been granted, as specified in Section 11477.04, Welfare and Institutions Code.

(2) A party to the child support case, or custodial party's or noncustodial parent's child(ren), has/have obtained a protective order.

(3) A party to the child support case, or custodial party's or noncustodial parent's child(ren), has/have indicated there is an increased risk of harm to self or to the child(ren), if information is released.

(4) A local child support agency has reason to believe that the disclosure of information may result in physical or emotional harm to any of the individuals specified in subparagraphs (1) through (3), above.

(b) A local child support agency shall record in its automated system its determination of the existence of family violence within five business days of receipt of a completed form 2142.

(c) Within 30 days of the date a local child support agency records its determination of the existence of family violence in its automated system, or 30 days of

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the date by which a custodial party or noncustodial parent(s) should have returned the completed form 2142, but did not, a local child support agency shall submit child support case information, including whether a family violence indicator has been activated, to the Department for subsequent submission to the Federal Case Registry

NOTE: Authority cited: Sections 17306, 17310, and 17312, Family Code.  
Reference: Sections 17306, 17310, and 17312, Family Code.



(30) Repeal Manual of Policies and Procedures Section 12-103.1 through .24 as follows:

12-103 TIME STANDARDS - CASE INTAKE AND RECORDS

12-103

- .1 The district attorney shall:
  - .11 Make applications for support services readily accessible to the public.
  - .12 Provide applications:
    - .121 On the day they are requested in person.
    - .122 Within five working days of a telephone or written request for one.
  - .13 Provide the following information with the application:
    - .131 Available services.
    - .132 The applicant's rights and responsibilities.
    - .133 Fees and cost recovery procedures.
    - .134 Distribution policies.
  - .14 Accept applications as filed on the day they are received.
  - .15 Provide the information specified in Section 12-103.13 within five working days for cases referred from the county welfare department.
- .2 Within 20 calendar days of receipt of referral or application, the district attorney shall:
  - .21 Establish a case record which shall contain:
    - .211 All documents regarding the case.
    - .212 All relevant facts and dates.
    - .213 A record of all actions taken and contacts made including the name of the person taking action, the name of any person contacted, and the date of contact.
    - .214 Any results of the actions taken and contacts made.
  - .22 Solicit any necessary information from the custodial parent.
  - .23 Solicit any necessary information from any other relevant sources.
  - .24 Initiate verification of the information obtained.

NOTE: Authority cited: Sections 10553, 10554 and 11475, Welfare and Institutions Code. Reference: Section 11479.5, Welfare and Institutions Code; and 45 CFR 302.33(a) and 303.2.

(31) Repeal Manual of Policies and Procedures Section 12-110 as follows:

- 12-110 CHILD SUPPORT COOPERATION 12-111**
- The Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Section 520) through the passage of Assembly Bill 529 transfers the responsibility of determining cooperation of an applicant/recipient of child support services from the IV-A/FANP/CalWORKS agency to the IV-D Child Support agency. In California, the child support programs administered by the local district child support agency.
- The district attorney shall have such available in person or by telephone at the county welfare office during the initial eligibility interview to obtain information necessary to establish, modify, or enforce child support for the purpose of determining applicant/recipient cooperation.
- If the applicant or recipient attests under penalty of perjury that he or she cannot provide the necessary information, the district attorney shall make findings as to the reasonableness of the applicant's/recipient's statement, or his/her inability to provide requested information. The district attorney shall, prior to the determination of cooperation, consider all of the following when making findings:
- 21. Age of the child;
  - 22. The circumstances of conception;
  - 23. The age and mental capacity of the parent/caretaker; and
  - 24. The last time the parent/caretaker had contact with the obligor.
- Cooperation includes the following:
- 31. Providing the name of the alleged parent or obligor and other information about that person if known to the applicant or recipient such as address, social security number, telephone number, place of employment or school, and the names and addresses of relatives or associates;
  - 32. Appearing at interviews, hearings, and legal proceedings provided the applicant or recipient is provided with reasonable advance notice of the interview, hearing, or legal proceeding, and does not have good cause not to appear (see MPP Division 82, Sections 82-510-13 and 82-510-15);
  - 33. If paternity is at issue, submitting to genetic tests, including genetic testing of the child, if necessary; and
  - 34. Providing any additional information known to, or reasonably obtainable by, the applicant or recipient, necessary to establish paternity or to establish, modify, or enforce, child support order.
- The district attorney shall not require an applicant or recipient to sign a voluntary declaration of paternity as a condition of cooperation.

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## CHILD SUPPORT ENFORCEMENT PROGRAM COMPONENTS AND STANDARDS

12-110

## CHILD SUPPORT COOPERATION (Continued)

12-110

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Upon determination of failure to cooperate with the district attorney in the enforcement and/or establishment of a support obligation, notice shall be given to the county welfare office so that they may take the next appropriate action. (See MPP Division 82 Sections 82.512 through 82.514.)

NOTE: Authority cited: Section 1475, Welfare and Institutions Code. Reference: Sections 1474(a) and (b), Welfare and Institutions Code and 42 U.S.C. Section 608(a)(2).

REPEAL

(32) Repeal Manual of Policies and Procedures Section 12-220 as follows:

12-220 PROGRAM PERFORMANCE STANDARDS - INTAKE

12-220

- .1 The district attorney shall:
- .11 Meet the time standards for providing applications specified in Section 12-103.1.
  - .12 Provide the information listed in Section 12-103.13 within the time standard specified in Section 12-103.15.
  - .13 Establish case records in accordance with Section 12-103.2.
  - .14 Verify initial information and solicit additional information in accordance with Section 12-103.2.
- .2 The district attorney shall obtain an application for each case on behalf of families not receiving aid.
- .3 The district attorney shall not obtain an application for cases on behalf of families which cease to receive aid but continue to receive Child Support Enforcement Program services.
- .4 Program services shall be suspended if the district attorney is notified by the county welfare department of a claim for good cause.
- .41 Program services shall not be provided if the district attorney is notified by the county welfare department of a final determination of good cause.
  - .411 The district attorney shall proceed with program services if the county welfare department also notifies the district attorney that services may proceed without the participation of the custodial parent.

NOTE: Authority cited: Sections 10553, 10554, 11475, and 11479.5, Welfare and Institutions Code.  
Reference: Sections 11479.5 and 15200.8, Welfare and Institutions Code; and 45 CFR 302.31(b) and (c) and 302.51(e)(3).

## CHILD SUPPORT SERVICES PROGRAM NOTICE

### WHAT CHILD SUPPORT CAN DO FOR YOU:

All children have the right to be supported by both parents. Any person, including a noncustodial parent, whether or not he or she receives public assistance, can apply for support services. Some of the available services are as follows:

- locating the parent(s) for support enforcement purposes;
- establishing paternity (legal fatherhood);
- establishing a child and/or medical support (health insurance) order;
- enforcing a child and/or medical support order;
- modifying an existing court order for child and/or medical support;
- enforcing a spousal support order in conjunction with a child support order;
- collecting and distributing support payments.

### CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED

THE LOCAL CHILD SUPPORT AGENCY PROVIDES SERVICES ON BEHALF OF THE STATE OF CALIFORNIA. THEY DO NOT REPRESENT YOU AND ARE NOT YOUR ATTORNEY. BECAUSE YOU ARE NOT THEIR CLIENT, THE INFORMATION YOU PROVIDE IS NOT CONFIDENTIAL UNDER ATTORNEY/CLIENT PRIVILEGE.

### SOCIAL SECURITY NUMBER DISCLOSURE

The information in your case may be discussed or given to the State, the Department of Child Support Services, other public agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law. The local child support agency is required, under Section 466(a)(13) of the Social Security Act, to include in child support records the Social Security Number of any individual who is subject to a divorce decree, support order or paternity determination or acknowledgment. Social Security number information is mandatory and will be kept on file at the local child support agency to locate individuals for the purpose of establishing, modifying and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

### COOPERATION WITH CHILD SUPPORT

When you request services, you must cooperate with the local child support agency by providing any information or documents needed to establish paternity and/or locate the other parent and to get support payments for your child. Once the services of the local child support agency have been requested, the local child support agency will determine the appropriate actions to take. All support payments must be turned over to the local child support agency.

When you apply for, or receive, support services, you are responsible for promptly informing the local child support agency of any changes in circumstance or information. Some examples are:

- child leaves the home;
- telephone number or address changes (including a move to another State, County or Country);
- stopping public assistance (CalWORKs);
- name change;
- initiation of divorce or legal proceedings;
- information regarding the noncustodial parent;
- direct receipt of any child, spousal, or family support payment.

## YOUR RIGHTS

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you hire an attorney, you must tell the local child support agency. For free legal assistance, you may contact the Superior Court's Office of the Family Law Facilitator.

If you have a support order in the State of California, you can ask the local child support agency to review your support order to determine if the amount of support should be changed based on statewide guidelines. If the amount of support does not meet guidelines for change, the local child support agency must give you or the other parent, upon request, information on how to get the forms to request the court to change the amount of support ordered. The local child support agency must also tell you of the initial date, time and purpose of every hearing for paternity or support. You also have the right to read the county clerk's file, unless that information is legally prohibited by confidentiality requirements.

You or the other parent may raise issues concerning support, custody, visitation, and restraining orders. The local child support agency will give you copies of the most recent order entered in your case. You can go to court to enforce your support order, but you must give the local child support agency advance notice that you intend to file your own enforcement action. If the local child support agency does not respond to your notice within 30 days or if the local child support agency tells you that you can proceed, you can then file your own enforcement action as long as all support is payable through the local child support agency.

The local child support agency must have the permission of a non-public assistance recipient before filing a stipulation affecting the support order in which that person is named as a party. The local child support agency can not, without a public assistance recipient's consent, enter into a stipulation that will decrease the amount of over due support when the recipient is owed over due support that is more than the unreimbursed public assistance.

The payments received by the local child support agency are applied in the following order\*:

1. Current monthly support;
2. Interest;
3. Past due support - first non-welfare arrears, then welfare arrears; and
4. Future obligations.

\*Federal income tax refunds owed to the noncustodial parent can be intercepted by the local child support agency, and are applied differently than other payments received by the local child support agency. By Federal law, this money cannot be applied to current child/spousal/family/medical support obligations. It must be applied to the past due child support. If a custodial parent has received public assistance, including Medi-Cal, the past due child support owed to the State/County will be paid first.

CALIFORNIA DOES NOT CHARGE AN APPLICATION FEE AND DOES NOT CHARGE FOR THE CHILD SUPPORT SERVICES PROVIDED TO APPLICANTS. HOWEVER, SOME STATES DO CHARGE A FEE FOR SERVICES. IF YOUR CASE INVOLVES ONE OF THOSE STATES, THEY MAY DEDUCT THE FEE FROM THE SUPPORT PAYMENTS, OR ADD IT TO THE BALANCE THAT IS OWED. IN ADDITION, IN SOME SITUATIONS, COST FOR GENETIC TESTS MAY BE CHARGED.

## NOTICE OF COLLECTIONS AND DISTRIBUTION

You will get a Notice of Collections and Distribution of support payments every month from the local child support agency. The Notice will show you all support that was collected and paid out during the time period shown on the Notice. You will not receive a Notice of Collection and Distribution in a month that no support was received or paid out.

## MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a court order that requires one or both parents to provide health insurance if health insurance is available at reasonable cost. In general, the cost of health insurance is reasonable if it is employment-related group health insurance or other group health insurance. However, in determining reasonable cost, the court will also consider the actual cost to the parent(s) of the health insurance.

The local child support agency will ask the court to establish or modify a child support order to require the parent(s) to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the local child support agency modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligations. If the noncustodial parent is ordered to provide health insurance coverage, the local child support agency will contact the noncustodial parent and his or her employer, if necessary, to secure health insurance for the child. After the local child support agency receives the policy information, a copy will be given to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to tell your county CalWORKs department, your health care provider, and/or the local child support agency. Failure to provide this information is a misdemeanor. You must report to your CalWORKs eligibility worker and/or local child support agency within ten days when your private health coverage changes or stops. You must also tell your CalWORKs eligibility worker and/or the local child support agency about any court order regarding health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits for you, unless you have filed and the County CalWORKs department has approved a claim of "good cause" (CA 51) for not cooperating. Your children will still be eligible for Medi-Cal. Also, all child support services will be given, unless you tell the local child support agency that you do not want services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the local child support agency will establish paternity only.

Under Federal law [42 U.S.C. Section 1396A (25)], health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

The service provider will bill Medi-Cal. Medi-Cal will pay the service provider. Then Medi-Cal will seek repayment from the other health coverage. You are not responsible for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you **must** use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

## FOR MORE INFORMATION ON CHILD SUPPORT SERVICES PLEASE REFER TO YOUR CHILD SUPPORT HANDBOOK

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### NONDISCRIMINATION STATEMENT

It is the policy of the State of California to ensure that all individuals are treated equally and that no person shall, on the basis of ethnic group identification, race, color, national origin, political affiliation or belief, religion, sex, age or disability be excluded from participation in, denied the benefits of any program or service, or otherwise be subjected to treatment that is different than that provided to others.

Each local child support agency has a designated Civil Rights Coordinator. Any applicant/recipient who feels they have been subjected to discriminatory treatment may file a complaint of discrimination by first contacting the local child support agency's designated Civil Rights Coordinator or by writing to the California Department of Child Support Services, Attn: Human Services Section, Civil Rights Office, P.O. Box 419064, Rancho Cordova, CA 95741-9064 or telephone (916) 464-5200.

**ATTESTATION STATEMENT**

ATTESTATION TO LACK OF INFORMATION ABOUT THE PARENT(S) OF

COUNTY NAME

I, \_\_\_\_\_ have no additional knowledge of the following information about the parent of the child(ren) named in this attestation:

- ☐ 1. I do not know the identity of the parent of the child(ren) because: (state reason(s))
- ☐ 2. I have named \_\_\_\_\_ as the parent of the child(ren). However, I do not know the parent(s) residence and/or employer because: (state reason(s))
- ☐ 3. I do not have or know any other information that might assist the Local Child Support Agency in identifying or locating the parent of the child(ren), because: (state reason(s) if different)

In signing this attestation, I declare, under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and complete. I further understand that Federal and State law provide for penalties of fine and/or imprisonment or denial of Public Assistance/Medi-Cal if I do not tell the truth when applying for Public Assistance/Medi-Cal or if I conceal or fail to disclose facts regarding the identity, whereabouts or other information concerning the child(ren)'s parent.

**Signed:**

Name

Date Signed

**Witnessed by:**

Local Child Support Agency Representative

Date Signed



## APPLICATION FOR SUPPORT SERVICES

Page 1 of 5

## SECTION I: IDENTIFYING INFORMATION

YOUR NAME (First, Middle, Last, Suffix)	<input type="checkbox"/> CUSTODIAL PARTY <input type="checkbox"/> NONCUSTODIAL PARENT
CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)	
CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)	

## SECTION II: CHILD(REN) OF THE PARENTS NAMED ABOVE

List the unmarried dependent child(ren) of the parents named above for whom you are requesting support services. If the mother is pregnant with the child of the father named above, list "UNBORN" as the child's name and the expected due date as the BIRTH DATE.

CHILD'S FULL NAME and ANY OTHER NAMES USED (Include Nicknames) <i>First, Middle, Last, Suffix</i>	SEX	ETHNIC GROUP <small>See Instructions</small>	BIRTH DATE (MM/DD/CCYY)	SOCIAL SECURITY NUMBER	PLACE OF BIRTH (City, State & Country)
1.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
2.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
3.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
4.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
5.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
6.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
7.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
8.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					

If child(ren)'s address is different than yours, please complete the information below: (attach additional page if necessary)

CHILD'S LAST AND FIRST NAME
ADDRESS: Street, Apt. or Unit No.
City, State, Zip Code
CHILD'S LAST AND FIRST NAME
ADDRESS: Street, Apt. or Unit No.
City, State, Zip Code

**SECTION III: COMPLETE THE FOLLOWING INFORMATION ABOUT THE CUSTODIAL PARTY***NOTE: The custodial party is the person or party who has primary custody of the children.*

FULL NAME (First, Middle, Last)		RELATIONSHIP TO CHILDREN (Mother, Father, Grandparent, Aunt, Uncle, Cousin, Friend, etc.)	
MAIDEN NAME OR OTHER NAME(S) USED			
SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/CCYY)	PLACE OF BIRTH (City, State & Country)	
ETHNIC GROUP <small>(see instructions)</small>	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
WEIGHT	HEIGHT	DRIVER'S LICENSE NO.	STATE
PRIMARY LANGUAGE SPOKEN IN HOME Check one: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CHINESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> OTHER _____			
Can the Custodial Party read and understand English? Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOME ADDRESS: Street, Apt. or Unit No.			
City, State, Zip Code		TELEPHONE NO. (include area code)	
MAILING ADDRESS: Street, Apt. or Unit No. or P.O. Box (if different from home address)			
City, State, Zip Code		MESSAGE TELEPHONE NO. (include area code)	
List other child(ren) of the custodial party different from children listed in Section II			
FULL NAME (First, Middle, Last)	SEX	BIRTHDATE OR APPROXIMATE AGE	
1.			
2.			
3.			
EMPLOYER		TELEPHONE NO. (include area code)	
ADDRESS: Street, Apt. or Unit No.			
City, State, Zip Code			
OCCUPATION/JOB TITLE	WAGES \$	PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	
Is Health Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Is Dental Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Is Vision Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
If you answered YES to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.			
**** ATTACH A COPY OF YOUR MOST RECENT CHECK STUB ONLY IF YOU ARE THE PARENT OF THE CHILD(REN) ****			
Have the child(ren) ever received public assistance/welfare or Child Support Services in another State? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
If YES, complete the following: (Attach additional page(s) if needed.)			
STATE	COUNTY	DATES: (Month, Day, Year) From: To:	

**SECTION IV: COMPLETE IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN**

CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)	YOUR RELATIONSHIP TO THE CHILD(REN)'S MOTHER
MOTHER'S MAIDEN NAME OR OTHER NAME(S) USED	
CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)	YOUR RELATIONSHIP TO THE CHILD(REN)'S FATHER
FATHER'S OTHER NAME(S) USED	

APPLICATION ID:

**SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT**

FULL NAME (First, Middle, Last, Suffix)		RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	
MAIDEN NAME OR OTHER NAME(S) USED			
SOCIAL SECURITY NUMBER(S) (list more than one if necessary)			
BIRTH DATE (MM/DD/YYYY)	APPROXIMATE AGE	PLACE OF BIRTH (City, State & Country)	
ETHNIC GROUP <small>(see instructions)</small>	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
WEIGHT	HEIGHT	DRIVER'S LICENSE NO.	STATE
SCARS, MARKS, TATTOOS			
PRIMARY LANGUAGE SPOKEN IN HOME Check one: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CHINESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> OTHER _____			
Can the Noncustodial Parent read and understand English?    Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO			
CURRENT HOME ADDRESS: Street, Apt. or Unit No.			DATE
City, State, Zip Code		TELEPHONE NO. (include area code)	
LAST KNOWN ADDRESS: Street, Apt. or Unit No. (if different from above)			DATE
City, State, Zip Code		TELEPHONE NO. (include area code)	
MAILING ADDRESS: Street, Apt. or Unit No. or P.O. Box (if different from home address)			DATE
City, State, Zip Code		MESSAGE TELEPHONE NO. (include area code)	
Has the Noncustodial Parent ever been arrested? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, when (date):			
WHERE (City or County and State)		WHY	
NONCUSTODIAL PARENT'S CURRENT SPOUSE'S NAME (First, Middle, Last)			
NONCUSTODIAL PARENT'S MOTHER'S MAIDEN NAME (First, Middle, Last)		LOCATION OF MOTHER'S RESIDENCE (County & State)	
MOTHER'S ADDRESS: Street, Apt. or Unit No., City, State, Zip Code			
NONCUSTODIAL PARENT'S FATHER'S NAME (First, Middle, Last)		LOCATION OF FATHER'S RESIDENCE (County & State)	
FATHER'S ADDRESS: Street, Apt. or Unit No., City, State, Zip Code			
List other child(ren) of the noncustodial parent different from children listed in Section II			
FULL NAME (First, Middle, Last)	SEX	BIRTHDATE OR APPROXIMATE AGE	
1.			
2.			
3.			
Is the noncustodial parent currently or ever been in the Military? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, complete information on the next line.			
BRANCH (Army, Air Force, Marines, Coast Guard)	RANK	DATES (Month, Year) FROM                      TO	

APPLICATION ID:

**SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT (Continued)**

CURRENT EMPLOYER		TELEPHONE NO. (include area code)	
ADDRESS: Street, Apt. or Unit No.			
City, State, Zip Code			
OCCUPATION/JOB TITLE			
Is Health Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Is Dental Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Is Vision Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
		If you answered YES to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.	
**** ATTACH A COPY OF YOUR MOST RECENT CHECK STUB IF YOU ARE THE NONCUSTODIAL PARENT**** IF YOU ARE THE CUSTODIAL PARTY AND HAVE A COPY OF THE NONCUSTODIAL PARENT'S PAY STUB, PLEASE ATTACH IT.			
UNION NAME		LOCAL NO.	
ADDRESS: Street, Apt. or Unit No.			
City, State, Zip Code			
IF SELF-EMPLOYED	NAME OF BUSINESS		TYPE OF BUSINESS
PREVIOUS OR ADDITIONAL EMPLOYER		IF PREVIOUS EMPLOYER, DATES (Month, Year)	
		FROM TO	
ADDRESS: Street, Apt. or Unit No.			
City, State, Zip Code			
OCCUPATION/JOB TITLE		UNION NAME OR LOCAL NO.	
Does the noncustodial parent own a car, boat, motorcycle, trailer, etc? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, complete the following:			
VEHICLE TYPE	1	2	3
MAKE			
MODEL / YEAR			
COLOR			
LICENSE NO./STATE			
Does the noncustodial parent own any real estate? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, complete the following:			
LOCATION (City/State)	1	2	
ADDRESS (Street, Apt. or Unit No.)			
TYPE (Residential, Commercial, etc.)			
Does the noncustodial parent have any bank accounts? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, complete the following:			
BANK/CREDIT UNION	1	2	3
BRANCH			
ADDRESS			
ACCOUNT NO.			
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Does the noncustodial parent have any other financial assets, stocks, bonds, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, complete the following:			
LOCATION	1	2	3
TYPE			

APPLICATION ID:

**SECTION VI: MARRIAGE & COURT ORDER INFORMATION**

Were the mother and father of the child(ren) married to each other? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE OF MARRIAGE	DATE OF SEPARATION	DATE OF DIVORCE	DIVORCE CASE NO.
------------------	--------------------	-----------------	------------------

LOCATION OF MARRIAGE (City, County, State & Country)

LOCATION OF DIVORCE (City, County, State & Country)

Is there a support order? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

Has an order for paternity been established? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

If you are not the mother or the father of the child(ren), is there a court order granting custody to you? ☐ YES ☐ NO ☐ UNKNOWN  
If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

CUSTODIAL PARTY'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
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ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

NONCUSTODIAL PARENT'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
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ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

**SECTION VII: COMMENTS**

PROVIDE ADDITIONAL COMMENTS/INFORMATION HERE

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**SECTION VIII (MUST BE COMPLETED)**

Read carefully before signing below. Your signature is required in order for us to open a case for you.

I declare under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

APPLICATION ID:	DATE MAILED:	DATE RECEIVED:
DATE REQUESTED:		

APPLICATION ID:

## INFORMATION REGARDING THE APPLICATION FOR SUPPORT SERVICES PACKAGE

Our handling of this case depends upon the information you provide on these forms. Provide as much information as possible. If at all possible give both parents' Social Security Numbers . . . you can find it on pay stubs, tax returns, etc. Answer every question in full. If you do not know the answer, print "UNKNOWN." If the question does not apply, print "N/A."

There are several forms to read and complete. The package includes:

- Application for Support Services (CSS 2101)
- Information Regarding the Application for Support Services Package (CSS 2103)
- Child Care Verification (CSS 2105)
- Visitation Verification (CSS 2107)
- Instructions for Completing the Declaration of Support Payment History (CSS 2109)
- Declaration of Support Payment History (CSS 2109)
- Health Insurance Information (CSS 2111)
- Request for Support Services (CSS 2115)
- Child Support Domestic Violence Questionnaire (form 2142)
- Child Support Enforcement Program Notice (CS 196)
- Income and Expense Declaration (1285.50)
- Child Support Handbook (Pub. 160)

Instructions have been provided for the application form and the Declaration of Support Payment History.

Before you begin, please read the Child Support Handbook. This book will explain the services available through the local child support agency.

Also read the Child Support Enforcement Program Notice. This notice will explain your responsibility to the local child support agency and the local child support agency's responsibility to you.

Please complete all the forms in **BLACK INK** and **PRINT** clearly.

**INSTRUCTIONS FOR COMPLETING  
THE APPLICATION FOR SUPPORT SERVICES**

**SECTION I  
IDENTIFYING INFORMATION**

If the children named in the application have different noncustodial parents a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate piece of paper or use Section VII.

**SECTION II  
CHILD INFORMATION**

List all the children of the parents named in Section I for whom support services are being requested. Complete the full name of each child; first name, middle name, last name, and suffix (Jr., Sr., III, etc.).

Ethnic Group - please indicate the group each person identifies with:

(B) African American	(G) Guamanian	(L) Laotian
(I) American Indian/Alaskan Native	(U) Hawaiian	(A) Other Asian
(D) Cambodian	(H) Hispanic	(P) Pacific Islander
(W) Caucasian	(N) Indian	(S) Samoan
(C) Chinese	(J) Japanese	(V) Vietnamese
(F) Filipino	(K) Korean	(O) Other

Also, use the above list to indicate the ethnic group that the custodial party and the noncustodial parent identify with in Sections III and V.

**SECTION III  
INFORMATION ABOUT THE CUSTODIAL PARTY**

This section is about the person or party who has primary custody of the children. Complete the entire section. If you are the custodial party, be sure to give us a phone number where you may be reached during the day.

**SECTION IV  
IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN**

Complete this section if you are an aunt, uncle, grandmother, unrelated caretaker, etc. to the children. You will need to complete two Applications for Service, one for the mother as a noncustodial parent and one for the father as a noncustodial parent. Be sure you have completed Section II and the information is about you.

**SECTION V  
INFORMATION ABOUT THE NONCUSTODIAL PARENT**

This section is very long and may require you to look through old papers to find some of the information requested. The more information we have in this section the better we will be able to serve you.

Section V, page 3 - if at all possible, provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Section V, page 4 - provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use Section VII, page 5.

**SECTION VI  
MARRIAGE/ORDER INFORMATION**

Complete this section whether or not YOU were married to the other parent. Answer each question as it relates to the mother and the father of the children. If you and/or the other parent were represented by an attorney for divorce, custody or guardianship, please list the attorney's name and address.

**SECTION VII  
COMMENTS**

You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the children. You may include information about the other person's temper; whether they own rifles or handguns; if they have made threats against you or the children, etc.

**SECTION VIII  
SIGNATURE PAGE**

Read this page very carefully. We will not be able to open this case without your signature.

Your **signature** indicates that you have answered the questions on the application to the best of your ability and that you want to open this case. It also indicates that you have read the information provided above the signature line; that you understand your responsibility for providing information to the local child support agency; and that the local child support attorneys or Attorney General or any of their representatives are not your attorney or the children's attorney.

**ADDITIONAL FORMS TO BE COMPLETED**

1. **Request for Support Services** - complete, sign and date.
2. **Child Care Verification** - take form to child care provider to complete and sign. This helps the Local Child Support Agency compute child support amounts.
3. **Visitation Verification** - complete and sign. This also helps the local child support agency compute child support amounts.
4. **Health Insurance Information** - complete to the best of your knowledge.
5. **Declaration of Support Payment History** - complete, sign and date. Separate instructions are included for this form.
6. **Child Support Domestic Violence Questionnaire** - complete, sign and date.
7. **Income and Expense Declaration** - complete, sign and date.

**PLEASE PROVIDE COMPLETED FORMS  
TO  
YOUR LOCAL CHILD SUPPORT AGENCY**



**CHILD CARE VERIFICATION**

APPLICANT NAME: \_\_\_\_\_

I am the ☐ Custodial Party ☐ Noncustodial Parent

APPLICANT: Give your child care provider this form to complete. Attach any receipts or copies of canceled checks for child care that you may have.

CHILD CARE PROVIDER: Complete the appropriate section(s) for the children of the above named applicant for whom you provide child care.

**SECTION I: INFANT & PRE-SCHOOL CHILDREN**

Name of Provider/Day Care Center \_\_\_\_\_

Address \_\_\_\_\_ Apt. or Unit No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Person or persons who pay(s) you for childcare \_\_\_\_\_

Name of the children of this parent for whom you provide care and the amount you receive.

(Circle One)

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per week/month/day

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per week/month/day

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per week/month/day

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per week/month/day

Total: \$ \_\_\_\_\_ per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(Signature of Child Care Provider)

**SECTION II: SCHOOL-AGE CHILDREN**

A. For child care provided during regular school sessions:

Name of Provider/Day Care Center \_\_\_\_\_

Address \_\_\_\_\_ Apt. or Unit No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Person or persons who pay(s) you for childcare \_\_\_\_\_

Name of the children of this parent for whom you provide care and the amount you receive.

(Circle One)

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per week/month/day

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per week/month/day

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per week/month/day

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per week/month/day

Total: \$ \_\_\_\_\_ per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(Signature of Child Care Provider)

**CONTINUED ON REVERSE**

**SECTION II: SCHOOL-AGE CHILDREN continued**

B. For summer/vacation care for school-age children, attach receipts or canceled checks only.  
Include these amounts in the information specified below.

Name of Provider/Day Care Center \_\_\_\_\_

Address \_\_\_\_\_ Apt. or Unit No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Person or persons who pay(s) you for childcare \_\_\_\_\_

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____	Amount \$ _____	(Circle One) per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Total: \$ _____		per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
(Signature of Child Care Provider) Date: \_\_\_\_\_

## VISITATION VERIFICATION

## NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

I am the ☐ Custodial Party ☐ Noncustodial Parent

## Part 1. ACTUAL VISITATION BY THE NONCUSTODIAL PARENT

**INSTRUCTIONS:** Complete the visitation history for the past 12 months by filling in the number of hours per month the noncustodial parent actually visited with the children.

Example: If the last 12 months are June of 2000 through May of 2001, you will complete June through December on the left side of the chart below. You would put 2000 for the year. Then you would complete the right side of the chart with January through May and enter 2001 for the year.

YEAR \_\_\_\_\_

YEAR \_\_\_\_\_

MONTH	NO. OF HOURS PER MONTH	MONTH	NO. OF HOURS PER MONTH
January		January	
February		February	
March		March	
April		April	
May		May	
June		June	
July		July	
August		August	
September		September	
October		October	
November		November	
December		December	
TOTAL		TOTAL	

## Part 2. SHARED CUSTODY/VISITATION ARRANGEMENTS

CHECK ONE: ☐ Shared Custody ☐ Visitation Only ☐ None

Please describe custody/visitation arrangements:

Visitation Hours: From (specify day of the week) \_\_\_\_\_ at (specify time) \_\_\_\_\_ a.m./p.m. (Circle One)

To (specify day of the week) \_\_\_\_\_ at (specify time) \_\_\_\_\_ a.m./p.m. (Circle One)

Overnight Visitation? ☐ Yes ☐ NoIs this custody/visitation arrangement court-ordered? ☐ Yes ☐ No

I declare to the best of my knowledge and belief that the above information is true and correct. I am aware that this may be provided to the other parent for their verification and that either party may be required to provide documentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION OF SUPPORT PAYMENT HISTORY**

Person completing this form (name): \_\_\_\_\_

I am the ☐ Custodial Party ☐ Noncustodial ParentSupport Payment History For (check one): ☐ Child ☐ Spousal ☐ Family ☐ Medical☐ Unreimbursed medical expenses ☐ Other (specify): \_\_\_\_\_

YEAR \_\_\_\_\_

YEAR \_\_\_\_\_

YEAR \_\_\_\_\_

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

YEAR \_\_\_\_\_

YEAR \_\_\_\_\_

YEAR \_\_\_\_\_

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am aware that this may be provided to the other parent for their verification and that either party may be required to provide documentation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE DECLARATION OF SUPPORT PAYMENT HISTORY

The reverse of this page is your declaration of the support payment history for your case. You are asked to complete a month-by-month, year-by-year breakdown of the amounts of support that were due (ordered by the court) and the amount of each payment that was made. These figures will help determine the amount of past due support owed, if any.

You must complete a separate page (or pages) for child support, spousal support, family support, medical support, unreimbursed medical expenses, and other types of support not listed. **DO NOT combine child support and spousal support unless your court order combines the two support payments into a "family" support order.**

In the Amount Ordered column, fill in the amount of support that became due each month since your court order began. If there has been a change in your court order, make sure each month reflects the correct amount of support due.

In the Amount Paid column, indicate a dollar amount of support paid in that month. If more than one payment was made in a given month, put the total dollar amount of support paid. **Put the dollar amounts next to the month in which the payment was actually made, and not the month or months which those payments were intended to cover.** You may attach additional sheets as necessary.

Be aware that this declaration is not confidential and may be given to the other parent in your case for review. If there is a disagreement regarding the payment history, the parties may be required to present proof of payments in the form of canceled checks, receipts, etc.

Complete this Declaration neatly and correctly to make sure there is no mistake nor confusion as to the amounts of past due support owed, if any.

**HEALTH INSURANCE INFORMATION**

Page 1 of 2

FULL NAME (First, Middle, Last, Suffix)

☐ CUSTODIAL PARTY  
☐ NONCUSTODIAL PARENT**SECTION I: YOUR INSURANCE**

Complete this section if your insurance is provided or available through your employer or a private policy maintained by you and not the other parent. Section II is about the insurance provided by the other parent.

**HEALTH INSURANCE**

Do you currently have Health Insurance coverage? ☐ YES ☐ NO If YES, complete the following information.

HEALTH INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT

CHECK ONE:

☐ WEEKLY☐ BI-WEEKLY☐ SEMI-MONTHLY☐ MONTHLY

AMOUNT PAID BY EMPLOYER

AMOUNT PAID BY YOU

CHECK ONE:

☐ WEEKLY☐ BI-WEEKLY☐ SEMI-MONTHLY☐ MONTHLY

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY HEALTH INSURANCE

DEPENDENT'S POLICY NO.

1.

2.

3.

4.

5.

6.

7.

8.

☐ Check here if names & policy numbers of additional dependents covered by Health Insurance are listed on a separate sheet attached.**DENTAL INSURANCE**

Do you currently have Dental Insurance coverage? ☐ YES ☐ NO If YES, complete the following information.

DENTAL INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT

CHECK ONE:

☐ WEEKLY☐ BI-WEEKLY☐ SEMI-MONTHLY☐ MONTHLY

AMOUNT PAID BY EMPLOYER

AMOUNT PAID BY YOU

CHECK ONE:

☐ WEEKLY☐ BI-WEEKLY☐ SEMI-MONTHLY☐ MONTHLY

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY DENTAL INSURANCE

DEPENDENT'S POLICY NO.

1.

2.

3.

4.

5.

6.

7.

8.

☐ Check here if names & policy numbers of additional dependents covered by Dental Insurance are listed on a separate sheet attached.

**VISION INSURANCE**Do you currently have Vision Insurance coverage? ☐ YES ☐ NO If YES, complete the following information.

VISION INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT

CHECK ONE:

☐ WEEKLY☐ BI-WEEKLY☐ SEMI-MONTHLY☐ MONTHLY

AMOUNT PAID BY EMPLOYER

AMOUNT PAID BY YOU

CHECK ONE:

☐ WEEKLY☐ BI-WEEKLY☐ SEMI-MONTHLY☐ MONTHLY

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY VISION INSURANCE

DEPENDENT'S POLICY NO.

1.

2.

3.

4.

5.

6.

7.

8.

☐ Check here if names & policy numbers of additional dependents covered by Vision Insurance are listed on a separate sheet attached.**SECTION II: OTHER PARENT'S INSURANCE****HEALTH INSURANCE**Does the other parent currently provide Health Insurance coverage for the children or you? ☐ YES ☐ NO If YES, complete the following information.

HEALTH INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

**DENTAL INSURANCE**Does the other parent currently provide Dental Insurance coverage for the children or you? ☐ YES ☐ NO If YES, complete the following information.

DENTAL INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

**VISION INSURANCE**Does the other parent currently provide Vision Insurance coverage for the children or you? ☐ YES ☐ NO If YES, complete the following information.

VISION INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

LCSA Case No.:

**REQUEST FOR SUPPORT SERVICES**

**INSTRUCTIONS:** Read carefully before signing each of the areas below. Your signature is required in order for us to open a case for you.

I request the services of the local child support agency to assist in my efforts to locate the noncustodial parent, establish paternity and/or secure support for the children listed in Section II.

I am applying for these services under the Child Support Enforcement Program under Title IV-D of the Social Security Act.

I will notify the Local Child Support Agency immediately of any of the following events:

- When each child marries, reaches age 19 or reaches age 18 and is not a full-time student, whichever occurs first.
- Any change in my residence address, mailing address, or telephone number.
- Any change in my employer, including name, address and telephone number.
- Any change in the status, cost or availability of health insurance coverage.
- Any information regarding the whereabouts of the other parent(s).
- When the parent(s) move back in together with the children.
- Any change in the custody of the children.

*I am aware that the local child support agency and the Attorney General do not represent me, the other parent, or the children who are the subject of this case. No attorney-client relationship exists between the local child support agency or the Attorney General and myself, the other parent, or the children. No attorney-client relationship will arise if the local child support agency or the Attorney General provides the support services I have requested.*

I declare under penalty of perjury that I have read, understand and agree to all of the terms specified above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your signature below acknowledges that you are aware that any amounts overpaid to you may not be deducted from future support payments sent to you unless you consent in writing at the time, which consent may be revoked at any time. However if you do not consent to repay the overpayment to the county by a deduction from future support, the local child support agency is authorized to use the collection of the last unassigned arrearage payment to repay the overpayment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Date:

LCSA Case No.:

Due to recent changes in federal and state law, the child support program must send child support computer records to the federal government. The federal government will give the information to the courts, child support agencies, and sometimes to the other parent of your child. If you or your child is a victim of domestic violence, we will tell the federal government and they will not give out your information without a court order.

If you think that giving out your information may cause physical or emotional harm to you or your child(ren), fill out the enclosed form and return it to our office immediately. You must fill out the form completely, especially Section II. If you do not return this form to us in 30 days from the date of this letter, we will give your case information to the federal government for release to authorized persons and/or agencies.

Mail the completed form to:

OR Drop by our office at:

If you or your child(ren) are not the victim of domestic violence you do not have to return this form. Please understand that your personal information is never given to the other party without a court order. The only exception is the filing of records or documents with the court in connection with certain court proceedings.

If you have any questions, the number to call is ( ) -

Please have the above LCSA case number and your social security number ready.

\_\_\_\_\_  
Local Child Support Agency Name

Office Use Only

CSS 2140 (09/01/01) DVCVR#1

DATE FVI PLACED: \_\_\_\_\_ DATE REC'D BY FSD: \_\_\_\_\_

## CHILD SUPPORT DOMESTIC VIOLENCE QUESTIONNAIRE

**NOTICE:** If you do not complete and return this form, the federal government will release information about you or your child's whereabouts to other child support agencies, and possibly to the child's other parent.

Your name: \_\_\_\_\_

Case No.: \_\_\_\_\_

Other party's name: \_\_\_\_\_

### SECTION I: Check the appropriate box for each of the questions.

1. Have you or a child in your care ever been a victim of domestic violence or child abuse committed by the other party to your child support case? ☐ Yes ☐ No
2. Have you ever obtained a restraining order, emergency protective order or stay away order against the other party to your child support case? ☐ Yes ☐ No
- If "Yes", please attach a copy of this order and provide the following information:  
County/State: \_\_\_\_\_ Court Case Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
3. Do you or a child in your care receive public assistance? ☐ Yes ☐ No
- If "yes" do you want to claim "Good Cause" because of increased risk of physical, sexual, or emotional harm to you or your child, and request that the welfare department authorize that your support case be closed? ☐ Yes ☐ No

### SECTION II: Only complete if any of your answers in Section I were "yes."

Please provide detailed domestic violence information including dates, times, places and witnesses (Attach additional pages if needed.)


### SECTION III: Check the appropriate box, sign, date and return the form to the local child support agency.

- ☐ The disclosure of my address or other information identifying my location could be harmful to me or the child(ren) in my care. I am requesting that my address or other identifying information not be given to the other party in this case. This request for non-disclosure of information will remain in effect until I notify the local child support agency in writing, and the office that manages my case acknowledges that they have received my request. I understand that under federal law, an authorized person may submit a written request to the court which has jurisdiction to make or enforce child custody or visitation determinations. I will be notified in writing by the local child support agency if the court orders the release of information on my case.
- ☐ The disclosure of my address or other information identifying my location is not harmful to me or the child(ren) in my care. I understand this information will be made available to the federal government, courts, child support agencies and sometimes to the other parent of the child(ren).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

LCSA Case No.:

Phone number: (    )    -   

Other Party's name:

The facts that you gave on the Child Support Domestic Violence Questionnaire were not detailed enough for us to stop the release of your child support computer records from being sent to the federal government, as required by law.

To stop the release of your address or other identifying information, you must provide us with evidence of one or more of the following within 30 days from the date of this letter:

- 1) You must have previously obtained a restraining order, a protective order or a stay away order against the other parent on your case. You should send us a copy of this order or tell us where we can get one; or
- 2) If you are receiving public assistance and claimed "GOOD CAUSE" because of a threat of domestic violence from the noncustodial parent which has been approved by the county welfare department or is pending, you must provide us with the details.
- 3) You must give us detailed facts with the reasons you believe that release of your address or other identifying information may result in physical or emotional harm to you or your children. You need to provide more detailed information including dates, times, places and possible witnesses to support your claim.

Since your previous Questionnaire did not provide enough information as to any of the above facts, we are sending you another blank Child Support Domestic Violence Questionnaire. If you can provide more complete specific detailed information, we will be glad to review your request.

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Local Child Support Agency Name

## STATE OF CALIFORNIA

## ECONOMIC AND FISCAL IMPACT STATEMENT

(REGULATIONS AND ORDERS)

See SAM Sections 6600-6680 for Instructions and Code Citations

STD. 399 (Rev. 2-98)

<b>Department Name</b> Child Support Services	<b>Contact Person</b> Nancy Hutchison-Program Gary Fujii-Budget	<b>Telephone Number</b> 916-464-5098 916-464-5177
<b>Descriptive Title From Notice Register or Form 400</b> Chapter 1, Program Administration: Definitions. Chapter 2, Case Intake: Definitions; Application and Referral; Case Opening Requirements; Case Processing; Cooperation; Family Violence.		<b>Notice File Number</b> R-4-01E

## ECONOMIC IMPACT STATEMENT

A. ESTIMATED PRIVATE SECTOR COST IMPACTS *(Include calculations and assumptions in the rulemaking file.)*

1. Check the appropriate box(es) below to indicate whether this regulation:

- ☐ a. Impacts businesses and/or employees    ☐ e. Imposes reporting requirements  
☐ b. Impacts small businesses    ☐ f. Imposes prescriptive instead of performance standards  
☐ c. Impacts jobs or occupations    ☐ g. Impacts individuals  
☐ d. Impacts California competitiveness    ☒ h. None of the above (Explain below. Complete for Fiscal Impact Statement as appropriate).

h. (cont.)

These regulations interpret, implement and make specific existing state and federal law that requires local case intake processes, which includes opening requirements, processing, cooperation, and screening for domestic violence for custodial parties and noncustodial parents who apply for child support services. The activities reflected in these regulations are currently performed by the local child support agencies.

*(If any box in Items a. through g. is checked complete this Economic Impact Statement)*

2. Enter the total number of businesses impacted:

Describe the types of businesses (include nonprofits):

Enter the number or percentage of total businesses impacted that are small businesses:

3. Enter the number of businesses that will be created: \_ eliminated:

4. Indicate the geographic extent of impacts: ☐ Statewide ☐ Local or regional (list areas)

5. Enter the number of jobs created:\_\_\_ or eliminated:\_\_\_ Describe the types of jobs or occupations impacted: \_\_\_.

6. Will the regulation affect the ability of California businesses to compete with other states by making it more costly to produce goods or services here? ☐ Yes ☐ No

**B. ESTIMATED COSTS** *(Include calculations and assumptions in the rulemaking file).*

1. What are the total statewide costs that businesses and vendors may incur to comply with this regulation over its lifetime? \$

- a. Initial costs for a small business:      Annual ongoing costs:
- b. Initial costs for a typical business:      Annual ongoing costs:
- c. Initial costs for an individual:      Annual ongoing costs:
- d. Describe other economic costs that may occur:

2. If multiple industries are impacted, enter the share of total costs for each industry:

3. If the regulation imposes reporting requirements, enter the annual costs a typical business may incur to comply with these requirements (include the dollar amounts to do record keeping, reporting, and other paperwork, whether or not the paperwork must be submitted).

4. Will this regulation directly impact housing costs? ☐ Yes ☐ No If yes, enter the annual dollar cost per housing unit \$\_\_\_\_\_ and the number of units:\_\_\_\_\_.

5. Are there comparable Federal regulations? ☐ Yes ☐ No Explain the need for State regulation given the existence or absence of Federal regulations:

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**C. ESTIMATED BENEFITS** *(Include calculations and assumptions in the rulemaking file)*

---

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

2. Are the benefits the result of: ☐ specific statutory requirements, or ☐ goals developed by the agency based on broad statutory authority? Explain:

3. What are the total statewide benefits from this regulation over its lifetime?

**D. ALTERNATIVES TO THE REGULATION** *(Include calculations and assumptions in the rulemaking file).*

1. List alternatives considered and describe them below. If no alternatives were considered, explain why not.
2. Summarize the total statewide costs and benefits from this regulation and each alternative considered:

Regulation:	Benefit:	Cost
Alternative 1:	Benefit:	Cost
Alternative 2:	Benefit:	Cost

3. Briefly discuss any quantification issues that are relevant to a comparison of estimated costs and benefits for this regulation or alternatives:
4. Rulemaking law requires agencies to consider performance standards as an alternative if a regulation mandates the use of specific technologies or equipment, or prescribes specific actions or procedures. Were performance standards considered to lower compliance costs?
- ☐ Yes ☐ No

Explain:

**MAJOR REGULATIONS** *(Include calculations and assumptions in the rulemaking file)*

1. Will the estimated costs of this regulation to California business enterprises exceed \$10 million? ☐ Yes ☐ No (If no, skip the rest of this section)
2. Briefly describe each equally as effective alternatives, or combination of alternatives, for which a cost-effectiveness analysis was performed:

Alternative 1:  
Alternative 2:

3. For the regulation, and each alternative just described, enter the estimated total cost and overall cost-effectiveness ratio:

Regulation: \$\_\_\_\_\_ Cost-effectiveness ratio:

Alternative 1: \$ \_\_\_\_\_  
 Alternative 2: \$ \_\_\_\_\_

Cost-effectiveness ratio:  
 Cost-effectiveness ratio:

# FISCAL IMPACT STATEMENT

**A. FISCAL EFFECT ON LOCAL GOVERNMENT** *(Indicate appropriate boxes 1. through 6. and attach calculations and assumptions of fiscal impact for the current year and two subsequent years.)*

☐ 1. Additional expenditures of approximately \$ \_\_\_\_\_ in the current State Fiscal Year which are reimbursable by the State pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code. Funding for this reimbursement:

- ☐ a. is provided in (Item \_\_\_\_\_ Budget Act of \_\_\_\_\_) or (Chapter \_\_\_\_\_, Statutes of \_\_\_\_\_)
- ☐ b. will be requested in the \_\_\_\_\_ Governor's Budget for appropriation in Budget Act of \_\_\_\_\_.

☐ 2. Additional expenditures of approximately \$ \_\_\_\_\_ in the current State Fiscal Year which are not reimbursable by the State pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code because this regulation:

- ☐ a. implements the Federal mandate contained in \_\_\_\_\_.
- ☐ b. implements the court mandate set forth by the court in the case of \_\_\_\_\_ vs. \_\_\_\_\_.
- ☐ c. implements a mandate of the people of this State expressed in their approval of Proposition No. \_\_\_\_\_ at the \_\_\_\_\_ election.
- ☐ d. is issued only in response to a specific request from the \_\_\_\_\_ which is/are the only local entity(s) affected.
- ☐ e. will be fully financed from the \_\_\_\_\_ authorized by Section \_\_\_\_\_ of the Code.
- ☐ f. provides for savings to each affected unit of local government which will, at a minimum, offset any additional costs to each such unit.

☐ 3. Savings of approximately \$ \_\_\_\_\_ annually.

- ☒ 4. No additional costs or savings because this regulation makes only technical, non-substantive or clarifying changes to current law and regulations.
- ☐ 5. No fiscal impact exists because this regulation does not affect any local entity or program.
- ☐ 6. Other.

**B. FISCAL EFFECT ON STATE GOVERNMENT** *(Indicate appropriate boxes 1 through 4 and attach calculations and assumptions of fiscal impact for the current year and two subsequent fiscal years)*

- ☐ 1. Additional expenditures of approximately \$\_\_\_\_\_ in the current State Fiscal Year. It is anticipated that State agencies will:
- ☐ a. be able to absorb these additional costs within their existing budgets and resources.
- ☐ b. request an increase in the currently authorized budget level for the \_\_\_\_\_ fiscal year.
- ☐ 2. Savings of approximately \$\_\_\_\_\_ in the current State Fiscal Year.
- ☐ 3. No fiscal impact exists because this regulation does not affect any State agency or program.
- ☒ 4. Other. No additional costs or savings because this regulation makes only technical, non-substantive or clarifying changes to current law and regulations.

**C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS** *(Indicate appropriate boxes 1 through 4 and attach calculations and assumptions of fiscal impact for the current year and two subsequent years.)*

- ☐ 1. Additional expenditures of approximately \$\_\_\_\_\_ in the current State Fiscal Year.
- ☐ 2. Savings of approximately \$\_\_\_\_\_ in the current State Fiscal Year.



- ☐ 3. No fiscal impact exists because this regulation does not affect any federally funded State agency or program.
- ☒ 4. Other. No additional costs or savings because this regulation makes only technical, non-substantive or clarifying changes to current law and regulations.

SIGNATURE Gary Fujii <i>[Signature]</i>		TITLE Chief Financial Planning Section
AGENCY SECRETARY <sup>1</sup> APPROVAL/CONCURRENCE <i>[Signature]</i>	DATE 8/9/01	
DEPARTMENT OF FINANCE <sup>2</sup> APPROVAL/CONCURRENCE	PROGRAM BUDGET MANAGER <i>[Signature]</i>	DATE

- The signature attests that the agency has completed the STD 399 according to the instructions in SAM sections 6600-6680, and understands the impacts of the proposed rulemaking. State boards, offices, or departments not under an Agency Secretary must have the form signed by the highest ranking official in the organization.
- Finance approval and signature is required when SAM sections 6050-6057 require completion of the Fiscal Impact Statement in the STD 399. However, Finance must immediately receive a copy of each STD 399 submitted to OAL without Finance signature and Finance may subsequently question the "no fiscal impact" finding of a state agency.